

DATE RECEIVED: _____

COMPLAINT NO.: _____

KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Client Information

(if different from person filing complaint)

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Relationship to person filing complaint: _____

Name of Licensed Hearing Instrument Specialist

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: () _____ Type of Information _____

2. Name _____ Telephone: () _____ Type of Information _____

3. Name _____ Telephone: () _____ Type of Information _____

4. Name _____ Telephone: () _____ Type of Information _____

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

Phone: (502) 564-3296
Fax: (502) 564-4818

**Authorization for Release of Medical and Client
Records to the Kentucky Licensing Board for
Specialists in Hearing Instruments**

I, _____, the undersigned, do hereby authorize the full release of any and all medical and client records, billing information, purchase agreement, delivery statement, audiogram, signed medical waiver, record of service to the patient, and hearing evaluations from, _____, licensed Hearing Instrument Specialist, regarding the history, diagnosis, and treatment of me while a patient of the specialist, to the Kentucky Licensing Board for Specialist in Hearing Instruments or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 335 against the specialist. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

Date

Signature of client, or parent/legal guardian if
client is under 18 years of age